SERIAL NO:

P O Box 2232, Jwaneng, Botswana
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E-mail: jwanengsaccos@gmail.com
Website: www.jwanengsaccos.co.bw

WE ASPIRE TO BECOME THE LEADING COOPERATIVE BUSINESS IN THE SADC REGION

MOGOGA LOAN APPLICATION FORM

SEC NO:

APPLICANT PERSONAL DETAILS

Date of Application: .....
Names: .....
Identity Number: .....
Physical Address: .....
Kgotla/Ward: .....

Contact No: .....
Tel No: .....
Account No: .....
Bank: .....
Branch: .....

LOAN DETAILS

LOAN AMOUNT

NEW PRINCIPAL LOAN BALANCE

PAYMENT TERMS

EXPECTED INTEREST

INSTALLMENT

No top up allowed only whole clearance per eligibility as stated in the loan policy.

LOAN PURPOSE:

LOAN AMOUNT

1. Less Loan Protection Fund
2. Less Dithuso Loan
3. Less Matshelo Loans
4. Less External Loans
5. Stimulus Loan

Tick your mode of payment

STB

Cheque Amount

Signature of Applicant: .....

Date: .....

Net Pay

Savings Balance

Stimulus loan Balance

Matshelo Loan Balance

Mogoga Loan Balance

Dithuso loan Balance

ATTACHED: PAYSLIP **CONFIRMATION OF EMPLOYMENT** **OMANG** **BANK STATEMENT**

I authorize Jwaneng Saccos LTD to clear my debt as stated below and deposit the remaining balance in to my personal account as provided in the first page.

ACCOUNT NAME	
BANK NAME	
ACCOUNT NUMBER	
BRANCH CODE	
BRANCH NAME	
REFERENCE NAME/NUMBER	
AMOUNT TO BE PAID	

I authorize the society to demand payment due from me should I terminate my services with my employer or in case where the employer terminates my service.

The society should further have access to my accumulated savings plus interest due to me from this society to repay the debt within 90 days after termination of my membership in any manner.
I further authorize Jwaneng Saccos LTD to have access to my personal bank account to recover the outstanding amount. I agree and understand the contract will remain in force until the loan is fully settled and confirmed in writing by Jwaneng Saccos LTD.

I_____ confirm that the information I pro□vided above is a true statement and will not hold the Jwaneng Saccos LTD responsible for any lost funds.

Signature of Applicant: ..... **Date:** .....

Spouse Name: ..... **Date:** .....

Spouse signature: .....

LOANS DEPARTMENT

Assisted By Sign: **Date:** .....

Checked by sign: **Date:** .....

CREDIT COMMITTEE ONLY

Approved **Not Approved** **Appointment**

Comments if not approved/Referred: .....

Chairing Signature **Date:** .....

Counter signature **Date:** .....

2nd Counter Signature **Date:** .....

ACCOUNTS DEPARTMENT

STB or Cheque NO:

Paid By: **Date:** .....

Authorised by: **Date:** .....